

STATEMENT OF ECONOMIC INTERESTS

Date Received
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COVER PAGE

2012 APR -3 PM 2:42

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Noda Audrey

1. Office, Agency, or Court

Agency Name

State Controller's Office

Division, Board, Department, District, if applicable

Executive Office

Your Position

Deputy Chief of Staff

► If filing for multiple positions, list below or on an attachment.

Agency: CalPERS and CalSTRS

Position: Alternative Board Member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is / / , through December 31, 2011.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
777 South Figueroa St. Suite 4800 Los Angeles CA 90017
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(213) 833-6010 anoda@sco.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/02/12
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Audrey Noda

1. BUSINESS ENTITY OR TRUST

Californians Vote Green

Name

11845 W. Olympic Bl., Suite 645, L.A., CA 90064

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Slate Card Management

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11
ACQUIRED

____/____/11
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ Spouse's business

Other

YOUR BUSINESS POSITION None-Spouse's business

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☒ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

AECOM - \$15,000.00

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11
ACQUIRED

____/____/11
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Margin of Victory, LLC

Name

238 S. Griffith Park Dr. Burbank, CA 91506

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Political Strategy

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11
ACQUIRED

____/____/11
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ Spouse's business

Other

YOUR BUSINESS POSITION None-Spouse's business

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☒ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11
ACQUIRED

____/____/11
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Audrey Noda

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dakota Communications

ADDRESS (Business Address Acceptable)

2999 Overland Ave., Suite 207B, LA, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Affairs

YOUR BUSINESS POSITION

None-Spouse's business

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Hired Gun Media

ADDRESS (Business Address Acceptable)

1512 Branch Ave., Simi Valley, CA 93065

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Media/Advertising

YOUR BUSINESS POSITION

None-Spouse's business

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Audrey Noda

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Jayne Wilson for City Council 2011

ADDRESS (Business Address Acceptable)

455 W. 6th Street, San Pedro, CA 90731

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Campaign

YOUR BUSINESS POSITION

None-Spouse's business

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Audrey Noda

► NAME OF SOURCE

California Federation of Labor

ADDRESS (Business Address Acceptable)

600 Grand Ave., Suite 410, Oakland, CA 94610

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 03 / 11	\$ 29.05	Inaugural Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

E.J. De La Rosa & Co.

ADDRESS (Business Address Acceptable)

10866 Wilshire Blvd., PH# 1650, LA, CA 90024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Investment bank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 11	\$ 13.80	LA CO. Ed. Public Fi-
___ / ___ / ___	\$ _____	nance Seminar Lunch
02 / 03 / 11	\$ 13.80	Intern Ticket

► NAME OF SOURCE

CTA/Orange Service Center Council

ADDRESS (Business Address Acceptable)

281 N. Rampart #A, Orange, CA 92868

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 11 / 11	\$ 35.00	2011 WHO Awards
___ / ___ / ___	\$ _____	Banquet
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

RBC Capital Markets

ADDRESS (Business Address Acceptable)

777 South Figueroa St., #850, LA CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Investment bank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 11	\$ 32.20	LA Co. Ed. Public Fi-
___ / ___ / ___	\$ _____	nance Seminar Lunch
02 / 03 / 11	\$ 32.20	Intern Ticket

► NAME OF SOURCE

UCLA Ziman Center for Real Estate

ADDRESS (Business Address Acceptable)

110 Westwood Plaza, Gold Hall B100, LA CA 90095

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education Research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 11	\$ 33.45	Forum on the Fiscal
___ / ___ / ___	\$ _____	Future of CA
05 / 03 / 11	\$ 7.39	Gift Bag

► NAME OF SOURCE

Westside Urban Forum

ADDRESS (Business Address Acceptable)

214 Main St., #336, El Segundo, CA 90245

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Land Use

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 11	\$ 45.00	Breakfast
05 / 20 / 11	\$ 45.00	Staff Ticket
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Audrey Noda

► NAME OF SOURCE

Asian Business Association

ADDRESS (Business Address Acceptable)

120 S. San Pedro St., #523 LA, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 11	\$ 50.00	ABA Panel Discussion
___ / ___ / ___	\$ _____	on Investments
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

Asian Pacific American Leadership Project

ADDRESS (Business Address Acceptable)

1101 W. Valley Blvd., Suite 210 Alhambra, CA 91803

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 11	\$ 125.00	ABA 35th Annual
___ / ___ / ___	\$ _____	Awards Dinner
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

Gary Townsend Retirement Fund

ADDRESS (Business Address Acceptable)

606 N. Larchmont Blvd, LA, CA 90004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 01 / 11	\$ 55.00	Retirement Reception
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

Canyon Partners, LLP

ADDRESS (Business Address Acceptable)

2000 Avenue of the Stars, 11th Floor, LA, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Asset Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 15 / 11	\$ 45.00	Breakfast/Seminar
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

San Diego Chinese Tribune

ADDRESS (Business Address Acceptable)

8304 Claremont Mesa Bl. #112 San Diego CA 92111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Newspaper

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 11	\$ 240.00	8th Anniversary Dinner
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

Imprenta Communications Group

ADDRESS (Business Address Acceptable)

1101 W. Valley Blvd., #210, Alhambra, CA 91803

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 11	\$ 65.00	10th Anniversary
___ / ___ / ___	\$ _____	Reception
___ / ___ / ___	\$ _____	

Comments: